

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90064 014 ****61.25

0076423

DOCUMENT # N07851

1. Entity Name

BENT TREE COUNTRY CLUB, INC.

Principal Place of Business

**4700 BENT TREE BOULEVARD
 SARASOTA FL 34241**

Mailing Address

**4700 BENT TREE BOULEVARD
 SARASOTA FL 34241-6099**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2536641

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DART, JOHN M.
 1549 RINGLING BLVD
 SARASOTA FL 34236**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	WILES, JERALD	
STREET ADDRESS	4700 BENT TREE BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, FINIS	
STREET ADDRESS	4700 BENT TREE BLVD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	CLARK, FRANK M	
STREET ADDRESS	4700 BENT TREE BLVD	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	T	<input type="checkbox"/> Delete
NAME	SWIAKOWSKI, JOSEPH E	
STREET ADDRESS	4700 BENT TREE BLVD	
CITY-ST-ZIP	SARASOTA FL 34241	
TITLE	S	<input type="checkbox"/> Delete
NAME	HILLER, EUGENE	
STREET ADDRESS	4700 BENT TREE BLVD.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARTER, LLOYD	
STREET ADDRESS	4700 BENT TREE BLVD.	
CITY-ST-ZIP	SARASOTA FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-371-5854

CR2E037 (10/00)